# PATENT APPLICATION FEE DETERMINATION RECORD
### Effective December 8, 2004

Application or Docket Number: 10/534274

## CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---|---|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = $ 150 | LARGE ENT. = $ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100 | All other situations = $ 100 / $ 200 |
| SEARCH FEE | U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400 | All other situations = $ 250 / $ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 64 minus 20 = * 44 / 11 | |
| INDEPENDENT CLAIMS | 22 minus 3 = * 19 / 4 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | ☐ |

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|---|---|---|---|---|
| BASIC FEE | | OR | BASIC FEE | 300 |
| EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | SEARCH FEE | 400 |
| X $ 125 = | | | X $ 250 = | 250 |
| X $ 25 = | | OR | X $ 50 = | 2200 |
| X $ 100 = | | OR | X $ 200 = | 3800 |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL | | OR | TOTAL | 7150 |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

**AMENDMENT A**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | ☐ | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

**AMENDMENT B**

| | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA |
|---|---|---|---|---|
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | ☐ | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|---|---|---|---|---|
| X $ 25 = | | OR | X $ 50 = | |
| X $ 100 = | | OR | X $ 200 = | |
| + $ 180 = | | OR | + $ 360 = | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NO REFUND OF CLAIM FEE
FIRST SET EX